Nova Scotia Health

CardioVascular HEALTH NOVA SCOTIA Bulletin

IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

Volume 3 **Issue 2** **July 2008**

Welcome to the Cardiovascular Health Nova Scotia (CVHNS) quarterly e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province.

Clopidogrel: Nova Scotia Pharmacare Coverage

Commonly asked questions by Nova Scotia Physicians are: who is approved for clopidogrel coverage by Nova Scotia Pharmacare, for how long are they approved and how does one request approval? The answers are below.

Who Is Covered and for How Long?

Plavix® (clopidogrel) is paid for by Nova Scotia Pharmacare in the following circumstances:

As an Alternative to ASA

Long-term mono-therapy for secondary prevention in a patient who has had one of the following vascular ischemic events:

- Ischemic stroke/ transient ischemic attack (TIA)
  - documented severe allergy to ASA
  - experience a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA
  - experience GI hemorrhage while on ASA
- Unstable angina or myocardial infarction or peripheral vascular disease
  - documented severe allergy to ASA
  - GI hemorrhage while on ASA

In Combination with ASA

- Post non-ST-segment elevation acute coronary syndrome (NSTEACS i.e., unstable angina or non-ST-segment elevation myocardial infarction))
  - Duration of coverage for the majority of patients with NSTEACS is 3 months.
  - 12 months coverage is approved for select high risk NSTEACS patients:
    - second ACS within 12 months, or
    - complex or extensive coronary artery disease (CAD) e.g., diffuse 3 vessel CAD not amenable to revascularization, or
    - previous stroke, TIA or documented symptomatic peripheral artery disease.

- Post stent insertion
  - Duration of coverage following insertion is
    - 30 days for Bare Metal Stents
    - 12 months for Drug Eluting Stents

Other Requests Considered for Approval On A Case By Case Basis

Detailed criteria for all restricted benefit drugs, including clopidogrel, can be accessed at www.gov.ns.ca/health/pharmacare/. Click on the link for "Exception Status Drugs", then "criteria for coverage".

How to Request Coverage?

- Fax or mail written request to the Pharmacare Office (Fax 902-468-9402, P.O. Box 500, Halifax NS B3J 2S1).
- Call and speak to a pharmacist consultant (496-7001 or 1-800-544-6191, press 2) especially for complicated or urgent requests.
- For the first thirty days of coverage after intra-coronary stent insertion, writing Code "30" on the prescription will allow the pharmacist to bill the first 30 days supply so there is no wait for therapy (follow up with request to Pharmacare Office if longer than 30 days is needed).
- To simplify application, a specialized request form for clopidogrel can be printed from the Pharmacare website, accessed at www.gov.ns.ca/health/pharmacare/. Click on the link for Exception Status Drugs.

Learning Opportunities

Annual Scientific Meeting of the Heart Failure Society of America, Sept. 21-24, 2008, Toronto, ON. www.hfsa.org/annual_meeting.asp

NB Heart Centre Symposium, Sept. 18-20, 2008, Saint John, NB. Contact Brenda at MCNBR@reg2.health.nb.ca

Atlantic Canada Stroke Conference, Sept. 18-20, 2008, Halifax, NS. Contact Renee at 902-494-1560 or renee.downs.@dal.ca

American Association of Cardiovascular and Pulmonary Rehabilitation Annual Meeting, Sept.18-20, 2008, Indianapolis, Indiana. www.aacvpr.org/meeting/future_meetings.cfm

National Stroke Rehabilitation Conference: What's New in Stroke Rehabilitation? Sept. 18-19, 2008, Winnipeg, MB. www.canadianstrokestrategy.ca/eng/events/pdfs/2ndNationalStrokeConf.pdf

World Stroke Congress, Sept. 24-27, 2008, Vienna, AT. www.kenes.com/stroke2008

Physical Activity for Public Health Practitioners Course, Sept. 29-Oct. 2, 2008, Banff, AB. www.cflri.ca/eng/info/2008_paph_info.php

Canadian Cardiovascular Congress, Oct. 25-29, 2008, Toronto, ON. www.cardiocongress.org/english/index.html

Integrated Chronic Disease Prevention: Taking Action Together, Nov. 24-26, 2008, Ottawa, ON. http://www.cdpac.ca/conference

CVHNS News

New Guidelines Released

Nova Scotia Guidelines for Acute Coronary Syndromes

These guidelines cover management of ACS from pre-hospital to discharge with recommendations for access to secondary prevention programming. Each DHA has been provided with a number of printed copies that you can access. The following have received copies: CVHNS District Coordinator, VP of Medicine/Chief of Staff, VP Acute Care and local champions such as cardiologists or internists who have been involved with development of the guidelines. Copies have also been provided for areas providing care to ACS patients (ER, ICU, CCU, medical floors, pharmacy, etc.).

Nova Scotia Guidelines for Stroke Care

These guidelines cover management of stroke from pre-hospital through to community reintegration and include recommendations for systems change as well as clinical practice. Each DHA has been provided with a number of printed copies that you can access. The following have received copies: VP Acute Care, CVHNS District Coordinators and local champions, from both the acute and rehabilitation settings, who have been involved with development of the guidelines. Additional copies were also provided for local distribution.

All subscribers to this *Bulletin* will be notified by email once the guidelines are also available through our website. A strategy and partnership to help get the guidelines into practice, including continuing education and a speakers' bureau, is under development. Stay tuned!

Acute Coronary Syndromes (ACS) Guidelines: DHA Visits

Correction Notice - Appendix of *Nova Scotia Guideline for Acute Coronary Syndroms*

For those of you with paper copies of the *Nova Scotia Guideline for Acute Coronary Syndromes*, please be advised that the references to Appendix G (Pharmacotherapy Dosages and Costs: Beta Blockers, Statins and ACE Inhibitors) were incorrectly labeled as Appendix F on pages 14 (recommendations 20c, 21 c), 15 (recommendation 22e) and 19 (recommendation 31).

June was a busy month for CVHNS with the release of the *Nova Scotia Guidelines for Acute Coronary Syndromes*. CVHNS visited most of the district health authorities to provide an overview of the ACS guideline content, review how the DHA is currently doing on quality indicators for ACS care and to discuss potential dissemination and implementation strategies. The remaining two DHAs will be visited this fall.

Partnership Project Evaluation

An evaluation of the *Improving Stroke Care in Nova Scotia: Professional Education Partnership Project* was recently completed to determine the outcomes of the 2-year project. The initiative was aimed at supporting the work of CVHNS to improve stroke care in Nova Scotia by building capacity for stroke professional education in the province, and to support education that aligns with provincial and national best practice recommendations for stroke care. Based on results of a needs assessment conducted in Spring 2007, a collaborative approach to dysphagia screening and assessment was chosen as the first educational intervention.

Last Fall, a "train the trainer" model was used with teams involved from each DHA. Teams were trained in facilitation skills and adult educational theory, as well as in the use of a nursing dysphagia assessment protocol and stroke swallow screen. The teams were comprised of 35 nurses, speech language pathologists and dietitians. Participants indicated both a high level of understanding of the content and a high level of confidence to deliver training to their peers.

Teams were requested to train peers (primarily nurses) in their districts to use these simple protocols in the absence of a dysphagia team or when expertise is not available (e.g., on weekends, long weekends, holidays).

Between January and May 2008, the teams held 13 training sessions with 88 health professionals (82% nurses). These sessions were well-received by participants who indicated a high understanding of the protocols coupled with a high intention to use the protocols in their respective areas of practice. Participants also felt that the training they received would make a difference in the care they provide to their patient population.

Other positive outcomes reported from this initiative include: the formation of district teams, who have begun the groundwork for local stroke professional education, and use of the protocols to modify and enhance existing dysphagia management processes within some DHA sites.

For more information on the *Improving Stroke Care* project and supporting evaluation documents contact Corinne Corning at 473-8386 or corinne.corning@cdha.nshealth.ca.

Enhancing Stroke Services in Nova Scotia

Following CVHNS consultation visits, the DHAs were invited to submit proposals to enhance existing stroke services. Proposals have been received from all DHAs.

CVHNS has offered funding to all DHAs to support attendance at the upcoming Atlantic Canada Stroke Conference in Halifax in September. A planning and sharing forum will be held this fall where representatives from all districts can come together to share, plan and learn about integrated stroke care. Funding for this was allocated as part of the provincial funding designated for enhancing stroke services.

Quality Indicators for ACS Linked to New Guidelines

CVHNS has linked its reporting of quality indicators to the new *Nova Scotia Guidelines for Acute Coronary Syndromes*. Reports are being sent to each DHA prior to our visits to release

the ACS guidelines. These reports provide 3 years of data from the DHA compared to the

provincial average on specific indicators of STEMI and non-STEMI care. Reports will be shared annually with DHAs and are intended to be used locally to set areas of priority for quality improvement. DHAs can request more frequent status reports on specific indicators in follow-up to quality improvement initiatives.

In addition, a provincial cardiac quality indicators report is under development and is projected to be completed this fall. This report will provide comparisons among DHAs and the province on ACS and CHF quality indicators. This report will be shared with DHAs and the Department of Health and will serve to guide planning as part of our monitoring and surveillance mandate. For more information, contact us through our contact information at the end of this bulletin.

Putting ACS Guidelines into Practice in GASHA

Guysborough Antigonish Strait Health Authority (GASHA) is moving forward to implement CVHNS' new *Nova Scotia Guidelines for Acute Coronary Syndromes*. GASHA is similar to other districts in the province in that the leading cause of hospital admissions is cardiovascular illness. Of all acute myocardial infarctions that come to hospital, 30% are ST elevation myocardial infarction while the other 70% present with Non ST elevation myocardial infarction. It is necessary to provide the most current evidence-based medicine in order to strive to decrease morbidity and mortality in this population.

Methods undertaken thus far to advance the guidelines into practice include: education sessions for healthcare providers and modification of policies, protocols and routine order sets to reflect the current recommendations. Standard order sets were altered to incorporate automatic referrals to secondary prevention services such as smoking cessation, nutrition and exercise counseling. As well, education booklets were developed to assist patients in understanding their illness and what they can do on discharge to further reduce their cardiovascular risk factors. For more information contact Lena MacDonald at lena.macdonald@gasha.nshealth.ca.

Helpful Resources

Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities
Epstein AE, Dimarco JP, Ellenbogen KA, et al. ACC/AHA/HRS 2008 Guidelines for device-based therapy of cardiac rhythm abnormalities. *J Am Coll Cardiol*. 2008; 51:e1-e62. PMID: 18498951.

Canadian Stroke Network Sodium 101 Resource
The Canadian Stroke Network has launched a new website filled with everything a person needs to know about sodium including recommended daily intake. Visit www.sodium101.ca.

Federal Policy on Weight Classification
The current *Canadian Guidelines for Body Weight Classification in Adults* and a quick reference tool for professionals can be found at www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult.

CME Programs on ACS
A variety of CME programs related to management of high-risk ACS are available on-line at www.theheart.org/High-riskACS.

Options for a Heart Healthy Diet for Prevention
Swain JF, McCarron PB, Hamilton EF, et al. Characteristics of the diet patterns tested in the Optimal Macronutrient Trial to Prevent Heart Disease (Omni-Heart): Options for a heart healthy diet. *Journal of the American Dietetic Association*.2008; 108:257-265.

Innovative Ideas

Early Cardiovascular Education Program
South Shore Health (SSH) will be starting an early education session for patients discharged from hospital with cardiovascular disease. During the CVHNS network forum in January, SSH identified a gap in service for the patient returning to the district post-cardiac catheterization. Presently, the post-cath patient is seen in the Emergency Department and usually discharged directly home after medical assessment. The opportunities for patient and family education, regarding the management of their cardiovascular disease is minimal in this setting.

A gap committee was formed to facilitate the development of a new education program to arm our patients with survival skills to help them manage their cardiovascular disease. Upon reflection, the gtap committee identified the lack of early education as a gap for all our cardiovascular patients. Our Cardiovascular Rehabilitation (CR) program is currently running at full capacity, and patients often wait two months for their first patient and family education visit in the cardiovascular risk factor clinic. Following this initial assessment, patients often wait another one to three months before beginning in a CR program.

A discharge nurse-patient education checklist has been developed, to identify the essential information that must be reviewed with patients and families prior to hospital discharge. Both the nurse and patient will sign this document once the information has been reviewed and is understood by the patient.

The Early Cardiovascular Education Program will soon be implemented to fill the gap in patient education between hospital discharge and the entrance to existing education programming. This program will consist of two, 2 hour sessions to offer information on heart healthy eating, cardiovascular medications, warning signs, the importance of exercise/ exercise limitations and a basic understanding of cardiovascular disease. This program will allow patients and families to approach the long term management of their condition with enhanced self-efficacy. For more information contact Susan Atkinson at susan.atkinson@ssdha.nshealth.ca.

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